UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/CONF.84/PC/8
22 March 1993

ORIGINAL: ENGLISH

PREPARATORY COMMITTEE FOR THE
INTERNATIONAL CONFERENCE ON
POPULATION AND DEVELOPMENT
Second session
10-21 May 1993
Item 4 of the provisional agenda*

PREPARATIONS FOR THE CONFERENCE

Recommendations of the Expert Group Meeting on Population Growth and Demographic Structure

Report of the Secretary-General of the Conference

SUMMARY

In response to Economic and Social Council resolution 1991/93, the Expert Group Meeting on Population Growth and Demographic Structure was convened in Paris from 16 to 20 November 1992 as part of the preparations for the International Conference on Population and Development to be held in 1994. The findings of the Expert Group are presented in this report for consideration in the context of the review and appraisal of the World Population Plan of Action by the Preparatory Committee for the Conference. The Expert Group examined the policy implications to be derived from the current state of knowledge of the complex interrelationships between population growth, changing demographic structure and patterns of social and economic development. The deliberations had as an essential perspective the goals of the World Population Plan of Action and specific policy measures that would promote the achievement of those goals. The recommendations deal with integration of technological, economic, environmental and population policy-making and planning; research, education and awareness creation; and international cooperation.

* E/CONF.84/PC/3/Rev.1.

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INTRODUCTION

A. Background

1. The Economic and Social Council, in its resolution 1991/93 of 26 July 1991, decided to convene an International Conference on Population and Development under the auspices of the United Nations and decided that the overall theme of the Conference would be population, sustained economic growth and sustainable development. The Council authorized the Secretary-General of the Conference to convene six expert group meetings as part of the preparatory work.

2. Pursuant to that resolution, the Secretary-General of the Conference convened the Expert Group Meeting on Population Growth and Demographic Structure in Paris from 16 to 20 November 1992. The Meeting was organized by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat in consultation with the United Nations Population Fund (UNFPA). The participants, representing different geographical regions, scientific disciplines and institutions, included 15 experts invited by the Secretary-General of the Conference in their personal capacities; representatives of the United Nations Office at Vienna, the United Nations Environment Programme (UNEP), the United Nations University (UNU), the five regional commissions, the International Labour Organisation (ILO), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank. Also represented were the following intergovernmental and non-governmental organizations: Commission of European Communities, Council of Europe, League of Arab States, Organisation for Economic Cooperation and Development (OECD), Organization of African Unity (OAU), International Planned Parenthood Federation (IPPF), International Union for the Scientific Study of Population (IUSSP) and Population Council. The International Institute on Aging (INIA) and the San Diego State University International Conference on Population Ageing were also represented.

3. As a basis for discussion, 14 of the experts had prepared papers on the agenda items. The Department of Economic and Social Development had prepared a background paper for the Meeting, entitled "Population growth and changes in the demographic structure: trends and diversity". Discussion notes were provided by the Economic Commission for Africa (ECA), the Economic Commission for Europe (ECE), the Economic Commission for Latin America and the Caribbean (ECLAC), the Economic and Social Commission for Asia and the Pacific (ESCAP), the United Nations Office at Vienna, the International Institute on Aging and the Secretary-General of the San Diego University International Conference on Population Ageing.

B. Opening statements

4. Opening statements were made by Mr. Gérard Moreau, Director of the Directorate of Population and Migration of the Ministry of Social Affairs and Integration, on behalf of the Government of France; Dr. Nafis Sadik, Secretary-General of the International Conference on Population and Development; and Mr. Shunichi Inoue, Deputy Secretary-General of the Conference.

5. Mr. Moreau recalled that at the time of the 1974 World Population Conference much of the debate revolved around the question of whether economic development was a prerequisite for successful population policies or whether the reverse was the case. He noted that, at the present time, that debate had become irrelevant in so far as both views operated in unison. Mr. Moreau proposed that family-planning policies not be considered in isolation but should be a part of a broad approach, particularly with regard to the health of women and children. Mr. Moreau noted that international migration was of major concern to both the developed and the developing countries and suggested that migration should become an instrument of economic development and not be viewed simply as the result of population growth and lack of development.

6. In her opening statement, Dr. Sadik introduced many of the themes that were discussed at the Meeting. She emphasized the importance of social development, considering that the process of demographic transition was part of a global process of social and economic change. Reference was made to the experience of countries that had given high priority to education, health and family planning, promoted women's status and encouraged community participation, and had seen a rapid fertility decline, even in the absence of significant economic growth. Dr. Sadik stressed that improving the status of women had proved to be critical for successful family-planning programmes. In concluding, Dr. Sadik stated that, beyond universal access to quality family-planning services, social development, poverty eradication and suppression of gender-related discrimination were required in order to achieve the long-term global population goals set by the Amsterdam Declaration on a Better Life for Future Generations.

7. Mr. Inoue noted that the recommendations of the world population conferences held in 1974 and 1984 had played an important role in policy formulation at the national and international levels, but it was time to go beyond those recommendations because they were too general and difficult to translate into concrete actions. He believed that this was particularly relevant because, during the past two decades, population policies had been brought closer to the mainstream of governments' policy-making and the political atmosphere had improved in favour of promoting family planning.

I. SUMMARY OF THE PAPERS AND DISCUSSION

8. The paper entitled "Population growth and changes in the demographic structure: trends and diversity", prepared by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat, provided the demographic background for the discussions of the Meeting. The participants were informed that three phases could be delineated in the growth of the world population between 1950 and 1990. First, between 1950 and 1970, the rate of growth of the world population rose (from 1.8 per cent per annum in 1950-1965 to 2.1 per cent in 1965-1970) because mortality declined rapidly in all parts of the less developed regions, while fertility remained relatively constant. Secondly, in the 1970s, the world population growth rate fell because fertility declined fast in several Asian countries (particularly China), as well as to a lesser extent in Latin America, and mortality decline slowed down. Since the late 1970s, the growth rate of the world population has remained relatively constant (about 1.7 per cent per annum), while diverging regional trends have been observed. In Latin America, the rate of population growth has continued to decline. In Asia, it has remained constant and in Africa it has increased.

9. The slow-down in the growth of the world population has not yet been translated into declining absolute numbers. According to the medium variant of the 1990 revision of the United Nations population estimates and projections, the annual increment to the world population, which grew from an average of 47 million between 1950 and 1955 to an average of 88 million between 1985 and 1990, was expected to continue to increase until it reaches a high of 98 million between 1995 and 2000. The annual increment was not expected to start to decline until after 2000; it would reach an average of 83 million between 2020 and 2025, which was about the level that existed in 1985.

10. The total population of the world increased from 2.5 billion in 1950 to 5.3 billion in 1990. According to the medium variant of the 1990 revision of the United Nations population estimates and projections, the world population was projected to reach 6.3 billion in 2000 and 8.5 billion in 2025. It must be recognized that the medium variant was a plausible but not a certain course of future population growth. An appraisal of the range of prospects for future growth was indicated by the high- and low-variant projections. In the high variant, which assumed a slower fertility decline, the average annual growth rate would increase to 1.9 per cent per annum in 1990-1995 and then decline slowly to 1.4 per cent in 2020-2025, resulting in a world population of 9.4 billion in 2025. In the low variant, which assumed a faster fertility decline, the average annual growth rate would resume its decline and reach 0.6 per cent in 2020-2025, resulting in a world population of 7.6 billion in 2025. Those projections clearly showed that the patterns of fertility and mortality decline in the coming decades would be crucial determinants of the size of the world population.

11. The Expert Group Meeting was also informed that during the four decades 1950-1990, age distribution became younger in countries where fertility had not yet started to fall (pre-initiation countries). Population ageing started in countries that experienced a significant decline in fertility (late-initiation countries) and proceeded further in low-fertility countries (early-initiation countries). Between 1990 and 2025, ageing would be very limited in pre-initiation countries, marked in late-initiation countries and rapid in

early-initiation countries. A rapid growth of the elderly was also projected in all countries of the less developed regions. Both rapid ageing in early-initiation countries and rapid growth of the elderly in pre- and late-initiation countries were expected to reach unparalleled levels between 2010 and 2020.

12. The participants were informed that the estimates of future populations prepared by the Population Division were not to be viewed as targets, but as projected populations, and that a review of past projections by a group of independent experts had shown that the medium- and long-term accuracy of those projections had been relatively good. The participants noted that, in view of the critical role of mortality in the ageing process, it would be useful to consider alternative mortality assumptions as was the case for fertility.

A. Population growth and socio-economic development

13. The Meeting devoted its first session to a general exchange of views on the interrelationships between population growth and economic growth. The participants were in agreement that, although the findings of recent research on the consequences of rapid population growth for the process of economic development were mixed, they supported the conclusion that a slower population growth would be beneficial to economic development for most developing countries.

14. The participants also noted that a strongly negative correlation between the growth of the gross domestic product (GDP) per capita and population growth had clearly emerged in the 1980s. On the other hand, empirical studies carried out in the 1960s and 1970s had consistently found the absence of any significant correlation. The interpretation of this reversal had raised difficulties of both a theoretical and a statistical nature and the demo-economic literature did not provide any clue for explaining this reversal. Neo-Malthusian authors had long maintained that such correlations were meaningless, while according to the models favoured by anti-Malthusians, the correlation between population growth and economic growth should have been negative at first and then positive, namely, the reverse of what had been observed. It was suggested that the reversal observed in the 1980s might be related to the deterioration of the international economic environment. Certain countries might have succeeded in adjusting to their rapid population growth in the past through external factors such as aid, indebtedness or export earnings. At the present time, that adaptative margin had disappeared. In addition, when economic growth slackened, the priority given to satisfying immediate demographic needs negatively affected current levels of saving and investment and, consequently, future output. Similarly, increasing returns might have been achieved in the short run at the price of a certain tapping of natural resources whose negative effects made themselves felt in the long run. Some participants were of the opinion that the negative impact of population growth in recent years was primarily the result of institutional and market failures.

15. Another main difficulty in interpreting the reversal observed arose from the fact that the value of the regression coefficient implied that increasing the economically active population would reduce total output. In the short run, the capital available and the quantity and quality of natural resources remained virtually fixed factors and the marginal productivity of labour could not be negative. Results of a simulation exercise were presented to the participants,

which showed that observed correlation coefficients were biased by the complex interactions between population growth and economic growth and that changes in face value of coefficients might occur even under the assumption of a constant causal effect of population growth on the growth of the per capita output.

16. Some participants argued that the use of income-on-population regressions had little policy relevance and created a false polarization between neo-Malthusian and anti-Malthusian interpretations. Those participants observed that there was no doubt that population growth was not the dominant factor affecting development but that did not mean that such growth played no role in the development process. Other participants, however, noted that, at least implicitly, one was either Malthusian or anti-Malthusian. Therefore, regression analyses of population growth effects on developmental progress were needed because they allowed weighing those respective points of view.

B. Confronting poverty in developing countries

17. The Group agreed that one of the major challenges of development was in the predominantly rural countries of South Asia and Africa. Widespread poverty exacerbated the negative effects of population pressure on land use and was a major obstacle to fertility and mortality decline in rural areas. The participants agreed that the occurrence of the demographic transition in predominantly rural countries in the coming decades, as assumed by the United Nations population projections, was conditioned on poverty alleviation.

18. A comparison of development trends in East Asia, South Asia and sub-Saharan Africa showed that poverty trends were a reflection of macroeconomic performances. The experience of East Asian countries clearly illustrated that it took vigorous growth in both the agricultural and non-agricultural sectors to obtain downward poverty trends and to absorb a rapidly growing labour force. In South Asia, technological change in the agricultural sector had brought the rate of growth of food production above the rate of growth of population. Yet, because of insufficient growth of employment in the other sectors, it had increased the incidence of poverty among the majority of the landless, who were pervasive in this region, as well as among many smallholders. In sub-Saharan Africa, the deterioration of the agricultural production base, which had paralleled the general economic decline during the 1980s, had resulted in a dramatic increase in the incidence of poverty among subsistence farmers.

19. Evidence was presented showing that the association between poverty and high fertility was strongly related to the low economic and social status of women. One participant stressed that where women had little access to productive resources, and little control over family income, they depended on children for social status and income security. The Group agreed that creating mainstream development programmes that would improve the status of women was central to poverty alleviation policies, as well as for inducing fertility decline.

20. Evidence was also presented indicating that women's low levels of education and access to health and family-planning services were intermediate variables in the correlation between poverty on the one side and child mortality and fertility on the other. This was best illustrated by the experience of Sri Lanka and the Indian state of Kerala, where investments in the health and

education sectors had resulted in sharp reductions in both fertility and child mortality, despite low levels of per capita income.

21. The Group observed that predominantly rural countries tended to lack the physical, institutional and human resources necessary to provide the public services that were critical in promoting female education and family health and welfare. The Group also observed that inadequate infrastructure combined with population dispersion made services delivery very expensive in rural areas. In addition, the participants drew attention to a recent study of government expenditures which concluded that, in many low-income countries, health expenditures were severely constrained by servicing the foreign debt.

22. The Group noted that in sub-Saharan Africa, economic incentives to bear children, in addition to other cultural and social factors, were strong. Women's high fertility was typically associated with high labour force participation in food production and related activities. Labour requirements of households were much higher in rural Africa than in rural Asia because water collected was much less easily accessible and fuelwood was much more extensively used. Under-capitalization had also resulted in highly labour-intensive/low-productivity agriculture. In addition, low population densities, fragmented labour markets and acute seasonality of rain-fed agriculture had caused recurrent labour shortages.

23. Some participants argued that there was no guarantee that population growth and increased densities would automatically stimulate intensification of agriculture in sub-Saharan Africa. Rather, improving African agriculture required sound and committed public policies. They also noted that prospects for economic growth and for rapid increase in food production in Africa in the coming decades were generally believed to be limited; therefore it was all the more important and yet all the more difficult to reduce the rates of population growth in a situation of growing poverty.

24. The Group agreed that increasing labour productivity, especially of women who were primarily responsible for food production, by improving their access to training and credit as well as by enhancing their legal rights, was critical to increasing agricultural productivity and family income. This would also lead to fertility reduction in sub-Saharan Africa.

C. Demographic impacts of development patterns

25. The participants noted that it was now well-established that demographic transition was always triggered by a rapid decline in mortality. In the developing countries, mortality decline primarily resulted from public health and sanitation programmes. The Group observed that mortality decline initially had a positive effect on fertility, thus causing a rapid population growth in the developing countries. Mortality decline tended to raise fertility as the life-span of couples and child survivorship increased, while maternal morbidity and sterility decreased. In eighteenth- and nineteenth-century Europe, the positive effect of mortality decline on fertility did not lead to rapid population growth because mortality declined gradually, while marriage was progressively delayed to a later age and singlehood (as well as out-migration) increased. In contrast, in the developing countries, the pace of mortality decline was incomparably quicker, while economic and social development did not

immediately bring about late nuptiality. In fact, quite the opposite occurred. For example, in several Latin American countries that experienced rapid economic growth in the 1950s and the 1960s (Brazil, Colombia, Mexico and Venezuela), rapid urbanization, employment opportunities in industries and services, and social mobility led to a marriage boom. Higher nuptiality, together with reduced maternal morbidity and mortality, caused an increase in marital fertility.

26. The Group observed that it was not until modern contraceptive methods (e.g., the pill, intra-uterine devices (IUDs) and sterilization) were widely made available in the mid-1960s that fertility began to decline in the developing countries. The Group agreed that there was a positive correlation between the rapidity by which fertility declined and the dissemination of contraceptive methods. The Group further agreed that fertility trends in countries such as Costa Rica and Sri Lanka or in the Indian state of Kerala showed that fertility might decline, even in the absence of significant economic growth, with social development. On the other hand, there was ample evidence that fertility remained high in countries that had experienced low economic growth and limited social development.

27. Declines in birth rates had recently been observed among the least educated and poorest social groups, including in rural areas, in countries such as Colombia, the Dominican Republic, Brazil and, possibly, Indonesia. Those declines had not been primarily associated with improvements in the welfare of households but rather had been induced by worsening living conditions. In this context of poverty, resort to contraception - often, to sterilization - was made by older women who wished to cease reproduction even though the first part of their reproductive life had followed a traditional pattern: early nuptiality, closely spaced and uncontrolled births. The Group agreed that this fertility transition was driven by the large supply of free contraceptive means that were made available to the poorest groups under health and family-planning programmes. Some participants suggested that mass media - particularly radio and television - contributed to fertility decline by diffusing among the poorest social groups the consumption patterns and family models of the urban middle class and that rapid urbanization had disrupted the traditional social structure, of which the poor were a part. In addition, it was noted that such fertility decline was only observed in those countries that had adequate medical and administrative infrastructures and enjoyed minimum civil order. The Group was of the opinion that, although reduction in fertility among the poor indicated that birth control had now found wide social acceptance in several countries of Asia and Latin America, a durable reduction in fertility required improved standards of living of the poorest social groups.

28. The Meeting was informed that the demographic transition in Latin America occurred in a context of rapid urbanization. There was some evidence of patterns of urbanization and of internal migration influencing the magnitude and timing of demographic changes.

29. With the exception of Argentina and Uruguay, which followed a European-type pattern of demographic transition, fertility declined first in two countries that had experienced early urbanization and had relatively well-developed social security programmes: Chile and Cuba. Subsequently, fertility fell among the urban population of countries that had large urban concentrations such as Brazil, Colombia and Mexico. Later on, fertility started to decrease among the

rural populations of those countries, as well as in the urban areas of other Latin American countries. A comparison of patterns of fertility decline in Latin America also suggested that countries having an interlinked network of modern cities such as Argentina, Brazil, Colombia and Mexico would tend to go through the demographic transition much quicker than countries having only one mega-city, and even more quickly than those that had only small and traditional towns.

30. Studies on demographic changes in Brazil showed that large flows of high-fertility migrants from the north-eastern region initially resulted in a slow-down of fertility decline in the metropolitan areas of the more advanced southern and south-eastern regions. Similarly, migrants to the new agricultural areas of frontier regions had higher fertility than the native populations in both the regions of origin and destination. However, there was also evidence of rapidly falling fertility of migrants from poorer regions to urban areas after arrival, thereby contributing to the overall fertility decline. It was further suggested that return migration might have been influential in changing values and attitudes towards fertility in places of origin.

D. Demographic and health transitions

31. The participants observed that, during the demographic transition, the decline in mortality was associated with a shift from a high prevalence of deaths owing to infectious and acute diseases at a young age, to a morbidity and mortality dominated by chronic and degenerative diseases of older adults. In a paper entitled "Demographic and epidemiological trends affecting health policy in developing countries", the participants were informed that the pattern of epidemiological change associated with the demographic transition varied greatly among and within developing countries.

32. On a regional basis, the "epidemiological transition" was most advanced in Latin America and the Caribbean and cardiovascular diseases had become the principal cause of death in a majority of Latin American countries. In Africa, especially in sub-Saharan Africa, health improvements had lagged behind those of other major regions of the world. However, there were indications of increasing prevalence of cardiovascular disease, respiratory tuberculosis, accidents and violence in many African countries. Epidemiological change had been most rapid, albeit diverse, in those countries of East and South-eastern Asia that had experienced a swift demographic transition (e.g., China and the Republic of Korea).

33. The Group noted that, in the midst of the health transition, developing countries faced a complex epidemiological situation that put additional stress on the health system. While chronic and degenerative diseases emerged as a serious problem among urban upper- and middle-class adults, the prevalence of infectious and parasitic diseases remained high among the rural and poor sectors of society. Studies had shown that there was a striking overlap of stages in the epidemiological transition in some Latin American countries, which were characterized by large social and economic inequality. Marked differences in morbidity and mortality had sometimes also been observed between ethnic groups. In some cases, there was also evidence of increasing morbidity associated with pre-transition diseases, for example, malaria, dengue fever or cholera, that had resurfaced after an initial period of control.

34. The Group observed that while the epidemiological transition resulted in an overall decline in most age- and cause-specific mortality rates, the development process often brought about an increase in deaths, owing to accidents and violence. Changes in the number and proportions of the different age groups of the population also altered the morbidity profile of the developing countries. As large cohorts reached adulthood, maternal mortality tended to increase, often as a result of induced abortions. In addition, there was some evidence of sexually transmitted diseases spreading with the growth of the sexually active population. Furthermore, as population aged, rate of disability was likely to increase. For example, the application of currently observed gross disability rates to the projected population of the Philippines showed that the projected increases in the number of disabled persons were of concern in terms of future service and care requirements. Still, it was unclear whether rates of disability would increase as societies modernized in the developing world as they did in the developed countries.

35. The Group agreed that a major challenge for health policy in the developing countries arose from the coexistence of problems associated with all stages of the epidemiological transition. The participants noted that studies on the cost-effectiveness of alternative strategies of disease intervention strategies pointed to the comparative advantage of prevention of chronic diseases in the developing countries. The participants further noted that implementation of preventive measures was often hampered by skepticism about the efficacy of educational programmes and political preference for short-term demonstrable results, and by the fact that it required interventions beyond the control of health ministries.

36. The Group agreed that a new challenge for health policy recently emerged with the spread of the human immunodeficiency virus (HIV) infection in many countries of Asia and Africa. The Group observed that it was estimated that two thirds of the total number of HIV-infected individuals in the world, that is, some 7 to 8 million individuals, lived in sub-Saharan Africa. While most of the HIV-positive individuals in Africa currently lived in relatively low population countries of Eastern Africa, there was evidence of rising numbers of HIV cases in Western Africa, particularly in Nigeria, whose population accounts for one quarter of the total sub-Saharan population.

37. In a paper entitled "Demographic and development consequences of the AIDS epidemic in Africa", the participants were informed that the epidemiology of the acquired immune deficiency syndrome (AIDS) in Africa was characterized by a male-to-female ratio of infection of approximately 1:1 in most countries and by high prevalence rates among adults aged 20-40 and children under five years of age. There was also evidence that the major risk factors associated with the spread of the disease were multiple sexual partners, sex with commercial sex workers and record of sexually transmitted diseases. Studies had also shown that extra-marital sexual activities, which were commonplace in much of sub-Saharan Africa and which were, in the past, mostly accommodated within the extended family, had increasingly been directed to prostitutes. In addition, it had been suggested that economic difficulties experienced in most sub-Saharan African countries had had a significantly negative impact on sexual behaviour, for example, an increasing number of young women, many of whom were migrants to urban areas, had turned to offering sex for payment. The Group was in agreement that, in the absence of a cure for HIV/AIDS, change in sexual behaviour was the only way to prevent the transmission of HIV. The Group was further in agreement

that, in the African context, changes in sexual behaviour required vigorous action to promote and improve women's control over their sexuality.

38. The Group observed that the AIDS epidemic was likely to have dramatic implications for the African family system. The participants noted that there was evidence of the HIV epidemic challenging the universality of marriage in African societies. In Uganda and Zambia, it was estimated that one third of the victims were unmarried and increasing divorce rates were reported among the seropositive. The participants further noted that the HIV epidemic was also disrupting the intergenerational transfers and support system. For example, in Uganda, it was estimated that 13 per cent of the population under age 18 had been orphaned by AIDS. Furthermore, in the communities worst hit by the epidemic, the majority of survivors were elderly people and young children and an increasing number of families were headed either by the eldest child or by an elderly member. The Group was concerned that, as a result of the AIDS epidemic, the responsibility for caring for an increasing number of children and elderly would be transferred from the family to society at large in countries that already lacked the most basic social and economic resources.

E. Population growth and employment

39. The participants were in agreement that a major challenge faced by the economies of developing countries was the creation of sufficient employment opportunities in the modern sector to absorb their rapidly growing labour force. The participants observed that the labour force had grown rapidly during the 1980s in most developing countries and would continue to grow rapidly during the 1990s. This included many countries that had experienced a decline in the growth rate of their population because of the existence of a 10- to 25-year lag between a slow-down in population growth and its effect on the supply of labour. The participants further observed that the increase in labour supply was particularly dramatic in urban areas because of the high level of rural-to-urban migration.

40. The Group was in agreement that the policies necessary to generate employment operated on the demand side of the labour market. A paper entitled "Population growth, employment expansion and industrialization: lessons from the NIEs and Latin American countries", provided the participants with a comparative analysis of demographic and employment trends, and discussed the extent to which the macroeconomic policies that had been implemented over the past 30 years in Latin America and East Asia had been successful and consistent in meeting the needs of a rapidly growing labour force.

41. The participants noted that full employment and steady growth of the proportion of wage workers employed in the modern sectors had increasingly characterized the labour market in the newly industrialized countries (NIEs) of East Asia since the 1960s. In contrast, in most Latin American countries, jobs creation had slowed down considerably in the manufacturing sectors during the 1970s and 1980s leading to an increase in employment in the informal sector and to growing numbers of self-employed, underemployed and unemployed workers.

42. The participants were in agreement that, to a large extent, the contrasting performances of labour markets in East Asia and Latin America were a reflection of the respective macroeconomic policies adopted in the 1960s. The

industrialization strategies followed by the NIEs, that is, outward economic orientation and preference given to labour-intensive technologies in industries and in agriculture, had resulted in a gradual sectoral shift in output which had greatly contributed to the absorption and sectoral reallocation of the growing labour force. On the other hand, the preference given to capital-intensive technologies during the stage of import-substitution and the extension of this import-substitution strategy to the production of durable and capital goods had eventually limited the growth of employment in both the rural and the manufacturing sectors below the increase in the labour force in Latin America. The limited impact of structural adjustments policies adopted in the 1980s on the wage and sectoral composition of the Latin American labour markets also pointed to institutional rigidities slowing down the shift in the output mix from non-tradable to tradable sectors and generating informal employment.

F. Social changes and the elderly in developing countries

43. The Group noted that in the developing countries the family was the traditional caregiver and was expected to continue to provide care for the elderly. In considering the support roles of the family, the participants underscored the necessity of taking into consideration the demographic, social and economic factors that influenced the size and structure of families and the relationships between generations.

44. The shift from family enterprise to wage employment that resulted from industrialization was singled out as one of the most fundamental economic changes that might affect intergenerational relationships. It was observed that the authority the family elderly traditionally had over young family members through control of key productive resources became less important when alternative means of employment were available. The participants noted that industrialization, urbanization and increasing education also provided expanding opportunities for women to be engaged in wage employment outside the home. Consequently, women tended to be less available to care for the young and the old in the household. In fact, development of the formal sector was likely to reduce opportunities for the elderly to be engaged in productive work, while resources tended to shift from the hands of the parents to the younger generation.

45. The Group noted that concerns with the implications of these changes, for the burdens of younger people and the quality of support and care given to the elderly, had been expressed in many countries. However, the participants noted that in Japan many elements of traditional family life were retained despite the advanced urban economy and the existence of public income support programmes for the elderly. The participants also observed that there was evidence in all cultural settings of the elderly looking for autonomy and independence and that relying solely on family support might be counterproductive.

46. The participants noted that the availability of direct family support for the elderly was strongly reduced, at least temporarily, when rural-to-urban or international migration physically separated the generations. The Group also noted that, in many developing countries, large numbers of families that lived in poverty and did not have adequate housing could not provide the care and support for their elderly that they were expected to give. The elderly who currently lacked the most basic support and care were those whose families lived

in shanty towns next to large urban agglomerations, who belonged to single-parent families and were destitute in rural South Asia.

47. One recurrent theme of the discussion was the need to address ageing issues from a gender perspective because of the large proportion of females in the elderly population and the existence of significant differences in the social and economic status between elderly males and females.

48. In a paper entitled "Role and status of adult women and social and economic conditions of elderly women: a cohort approach", the participants were informed that significant changes in educational attainment and marital, employment and health histories of the successive cohorts entering old age were expected.

49. The participants observed that the elderly were both providers and receivers of care and agreed that increased literacy and education among the elderly, while enhancing the contributions of the elderly to development, would also generate new needs and put additional demands on society.

50. The Group noted that, although the proportion of elderly was still low in most developing countries, the number of elderly was increasing rapidly. The Group further noted that the process of ageing would be very rapid in the developing countries as compared to the developed countries because fertility decline was faster in the developing countries than in the developed countries.

51. The Group observed that the Governments of many developing countries were neither aware of ageing issues in their countries nor of the fact that the elderly represented important human resources that could be tapped for development. The Group noted that issues arising from population ageing could be anticipated well ahead of time. Therefore, it encouraged the Governments of developing countries to incorporate an ageing component into their long-term planning that would allow the timely development of appropriate societal responses to the changing needs of the elderly.

G. Social development and ageing in developed countries

52. The participants noted that, while ageing was usually defined as an increase in the proportion of the elderly, most of the economic consequences of ageing and related policy implications required reference to absolute numbers of the aged. Studies on the economic implications of ageing had mainly focused on impacts on consumption, the labour market and public expenditures. There was ample evidence from the literature that ageing had a limited effect on overall consumption. Whereas it had often been argued that ageing might have significant effects on certain individual consumption sectors (e.g., medical goods), some participants observed that intersectoral transfers owing to population ageing were small in comparison with transfers driven by income growth and that there was no need for policy intervention because adjustments were made through market mechanisms.

53. The participants observed that labour market responses to the ageing of the labour force had been markedly inadequate because of individual preferences and institutional rigidities. The decline of the labour force participation rate of the population aged 65 or over in the developed countries between 1950 and 1990 was estimated at two thirds for males and three fourths for females, on average,

while in the age group 60-64, corresponding figures were approximately two fifths and one third. No reversal in trends was to be expected during the last decade of the twentieth century and the decline was expected to continue, albeit at a slower pace. One participant noted that current and prospective retirement preferences in the developed countries were on a collision course with the lack of supplies of labour-intensive inputs that would be required to provide needed upper-age health care and institutional, social and home-care services in the forthcoming decades.

54. The Group agreed that the decline in economic activity at older age would compound the stress that population ageing put on the financing of social expenditures by further increasing the ratio of inactive to active populations. The Group was also in agreement that, while reforms of national pension and health systems were made necessary by population ageing and behavioural changes in all developed countries, the adequacy of providing care for the elderly would eventually be determined by the rate of economic growth in the coming decades.

55. The participants observed that the recent dramatic decline in mortality at older age had resulted in a rapid growth of the very old both in absolute and relative terms in the developed countries. The participants further observed that there were major background and behavioural differences between the younger and the older elderly members. Numerous studies had shown that the proportions of women and of persons living alone or institutionalized were higher among the very old than in any other age category and that the very old exhibited lower levels of education and income and higher levels of disability. The Group recognized that, although the older segment of the aged population comprised numerous examples of successful ageing, the very old were often in need of assistance in their activities of daily living because of increasing impairments associated with their declining health status.

56. The Group noted that there was wide evidence that the vast majority of frail elderly were currently receiving assistance from informal family helpers, for example, spouse or daughters. Studies also suggested that the elderly and their families only turned to formal care as a last resort and that formal care usually did not completely substitute for informal care but rather tended to supplement it, thereby increasing the total level of care. The Group was concerned that the availability of informal care was declining as a result of increasing geographical mobility, employment of women, singlehood and divorce, as well as decreasing fertility and the rising complexity and changing nature of family relationships. The Group recommended that research efforts and policy analysis be undertaken on the physical and human resources needed to accommodate the growing number of very old people and on the appropriate combination of social and family support.

II. RECOMMENDATIONS

A. Preamble

The World Population Plan of Action, adopted at Bucharest in 1974, and the International Conference on Population, held at Mexico City in 1984, note that demographic inertia leads to an increasing population for many decades to come. In the 1990s, the issues of population size, growth and distribution remain major challenges to the revitalization of economic growth and social development in the developing countries, and to the preservation of the environment.

In the coming decades, patterns of fertility and mortality decline will be crucial determinants of the size of the world population and will affect the balance between human numbers, use of resources and pace of development. Thus, a slowly declining pattern of fertility could more than double the size of the world population in the long run as compared to a more rapid decline. As affirmed by the International Development Strategy for the Fourth United Nations Development Decade, such doubling will exacerbate the strains on the social situation, economic growth, the environment and the use of natural resources. The speed of fertility decline will depend on the extent to which economic and social development goals are achieved, particularly in the relatively less developed countries. Recent experience also shows that fertility may decline with social development.

The World Population Plan of Action also notes the importance of population ageing and draws particular attention to the acceleration in the ageing of the populations of developing regions. In addition, the International Plan of Action on Ageing (1982) stresses the centrality of population ageing in social and economic development. Not only are the numbers and proportions of the elderly increasing rapidly in many of the developing countries, but the social and economic conditions facing the elderly are undergoing a profound transition. The demographic transition is bringing about substantial changes in the family, notably its composition and intergenerational relationships, as well as in society, in particular the age structure, and the intergenerational solidarity between older and younger age categories.

The Expert Group Meeting on Population Growth and Demographic Structure, having reviewed the available research and discussed various policy and operational implications, proposes the following recommendations.

B. Recommendations

Recommendation 1

Noting that the size, growth and age composition of the population may play an important role in achieving sustained economic growth in the developing countries, and recognizing the efforts and progress made to date in many developing countries, the Expert Group urges the Governments of all developing countries to increase their political commitment to human resources development and population programmes that have impacts on population trends and characteristics, such as population growth, morbidity and mortality, reproduction, population distribution, internal and international migration and population structure, while respecting the freedom of choice of individuals, and

to adopt integrated approaches to social and economic development that incorporate population considerations at all levels of decision-making and in resource allocation.

Recommendation 2

Noting that mortality and fertility rates in the least developed countries are among the highest in the world and that the economies of those countries are the weakest, the Expert Group urges the international community to increase its assistance to population and development programmes in those countries.

Recommendation 3

Noting that, in addition to the least developed countries, other developing countries and regions within those countries also experience rapid population growth, the Expert Group urges the international community to also extend assistance to population and development programmes in those countries.

Recommendation 4

Noting that widespread poverty and social inequality exacerbate the consequences of rapid population growth, the Expert Group urges Governments to adopt comprehensive and consistent economic and social strategies to alleviate poverty and reduce social inequality in both rural and urban settings.

Recommendation 5

Although rapid progress in the provision of social and health services has occurred in many regions of the world, the services are unevenly distributed between urban and rural areas, within cities and among socio-economic groups. Accordingly, Governments are urged to give high policy priority to spatial, social, age and gender equity in the allocation of resources and in access to services that are likely to result in reduced mortality and low levels of fertility.

Recommendation 6

The Expert Group recognizes that the population momentum will ensure a continued increase in the school-age population in many developing countries into the twenty-first century, and that higher educational levels are a major factor in reducing mortality and fertility and in increasing individual earnings. In the light of the importance of a skilled labour force in an increasingly competitive world, the Expert Group urges Governments to give high policy priority to education programmes benefiting all children, irrespective of gender, by increasing the enrolment rates and reducing the drop-out rates, through the assurance of resources to those programmes that would increase teaching quality and the provision of educational materials and facilities.

Recommendation 7

Recognizing that persistently low levels of female education and female participation in the formal labour force and low wages paid to women severely hamper the demographic transition, the Expert Group recommends that high priority be given to investments and expenditures aimed at increasing women's

access to education, training and credit, as well as to economic policies that increase their opportunity to participate in the formal labour force.

Recommendation 8*

In recognizing the rights of couples and individuals to choose the number and spacing of their children, the Expert Group urges Governments and the international community to give high priority to increasing the quantity and quality of comprehensive reproductive health-care programmes (including, for example, family planning, maternal and child health care and the prevention and treatment of infertility in an integrated manner), which constitute an essential component of efforts to improve health and reduce fertility.

Recommendation 9

Recognizing that the economic contribution of women is undervalued and that the key role it can play in demographic change is rarely recognized, the Expert Group urges Governments to take measures to remove barriers that limit women's social, economic, legal and political rights and to undertake steps to ensure their economic independence.

Recommendation 10

As the rapid demographic and epidemiological transition under way in both the developed and the developing countries is producing great changes in their morbidity profiles, the Expert Group recommends that health-sector priorities be reassessed to adapt to these new situations in order to ensure the selection of the most cost-effective and efficient means of providing health care to all.

Recommendation 11

The Expert Group urges Governments to increase public awareness of potential demographic and socio-economic consequences of AIDS, to integrate these potential consequences in the national planning process and to devise appropriate responses to address the prevention of AIDS and to mitigate the socio-economic problems that are likely to arise. Governments should also be encouraged to develop comprehensive health-care strategies for preventing and curing sexually transmitted diseases, with a view to minimizing the effects of HIV infection and the spread of AIDS.

Recommendation 12

Recognizing that in many countries pension and social security programmes for the elderly are inadequate, have low coverage or do not exist at all, the Expert Group recommends that high priority be given to establishing a "safety-net" for the elderly in such countries. Long-term planning to anticipate the changing needs over time of the young, elderly and working-age populations should be encouraged to ensure that adequate resources are available when and where they are needed.

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* Three participants expressed regret that they were unable to associate themselves with the adoption of this recommendation.

Recommendation 13

The elderly, a heterogeneous and active group, are first and foremost an important human resource for development. Recognizing that the interrelationships between social, cultural, political, economic and demographic patterns have a profound impact on family, kinship and household structure, which, in turn, are crucial determinants of the well-being of the elderly, the Expert Group recommends that Governments keep these factors in mind when formulating long-term development policies.

Recommendation 14

Recognizing that rapid demographic change, including population ageing, is occurring in many areas, the Expert Group recommends that research efforts and policy analysis be undertaken on intergenerational equity in the allocation of both public and private resources, on the appropriate combination of public, community-based and family support of the elderly and on the physical and human resources needed to accommodate the growing numbers of elderly persons.

Recommendation 15

Recognizing the heterogeneity of the elderly population and the changing needs of individuals as they age, the Expert Group urges Governments to address the particular requirements of the very old, who in many societies are the fastest growing segment of the total population. Special efforts should be made to enable very old people to remain in their own homes and community by ensuring that adequate support is available.

Recommendation 16

In planning for economic and social development, Governments are urged to monitor population characteristics and trends both as accurately and comprehensively as possible and on a regular basis, in order to anticipate likely changes in demographic and socio-economic characteristics of various population subgroups. The collection of data to enable cohort and longitudinal analyses is especially encouraged.

Recommendation 17

Valuable lessons could be learned from studying the interrelationships between demographic, social, economic and environmental changes in a comparative perspective that encompasses countries experiencing varying rates of economic development. The Expert Group urges international organizations to cooperate and avoid duplication in their efforts to gather and share comparable data relevant for comparative analysis.

Recommendation 18

Recognizing that summary measures of population growth and demographic structure are important and meaningful indicators of the general demographic conditions of national, regional and world population aggregates, the Expert Group recommends that policy-relevant, social, cultural, age-specific, ethnic- and gender-specific subnational data be more systematically collected, analysed

and disseminated during the next decade in order to capture the vast demographic heterogeneity masked by aggregate statistics.

Recommendation 19

Recognizing the diversity of demographic issues and the need for trained professionals to deal with such and related issues, the Expert Group urges Governments and the international community to support and strengthen high-level training courses in demography and related fields in the developing countries.